



Texas Department of Public Safety  
Regulatory Services Division  
www.txdps.state.tx.us

- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

# CONCEALED HANDGUN LICENSING

EXAMPLE:

Yes ☒ No ☐

2:13-cv-193  
09/02/2014

DEF0984

## ORIGINAL APPLICATION

<b>APPLICANT INFORMATION</b>			
Have you previously applied for a Texas Concealed Handgun License and/or Qualified Instructor Certification? (REGARDLESS IF ISSUED, TERMINATED, DENIED OR STILL VALID)			Yes <input type="radio"/> No <input type="radio"/>
I am applying for: (*APPLICANTS FOR QUALIFIED INSTRUCTORS CERTIFICATION MUST ATTACH CHL-90 FORM)			
<input type="radio"/> Concealed Handgun License Only		<input type="radio"/> Qualified Instructor Certification Only	<input type="radio"/> Both
(*SKIP APPLICATION CONDITION BELOW)			
THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY			
<b>Application Condition</b> (SEE INSTRUCTIONS FOR DETAILS)			
<input type="radio"/> Active Peace Officer		<input type="radio"/> Active Military	<input type="radio"/> Retired Judicial Officer
<input type="radio"/> Retired Peace Officer		<input type="radio"/> Veteran/Retired Military	<input type="radio"/> Felony Prosecutor
<input type="radio"/> Standard		<input type="radio"/> Retired Federal Officer	<input type="radio"/> Active Judicial Officer
		<input type="radio"/> Other Prosecutor	<input type="radio"/> Indigent
			<input type="radio"/> Senior Citizen (60+ YEARS OLD AT TIME OF APPLICATION)
Applicant Last Name (*AS APPEARS ON DL/ID)		First Name	M.I. Suffix (IF ANY)
<input type="radio"/> Driver License	Issuing State? (2-LETTER CODE)	DL/ID Number (*PROVIDE COLOR COPY OF DL/ID)	Date of Birth (MM/DD/YYYY) / / SSN - -
<input type="radio"/> ID Card			
Place of Birth (CITY)	(STATE)	(COUNTRY)	Born outside U.S. or U.S. Territory? Yes <input type="radio"/> No <input type="radio"/> *If YES, attach legal status documentation.

<b>PERSONAL IDENTIFIERS</b>			
<b>Gender</b>	Male <input type="radio"/> Female <input type="radio"/>	<b>Race</b>	<input type="radio"/> Asian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Black <input type="radio"/> Other/Unknown <input type="radio"/> White/Hispanic
<b>Height</b>	Ft. In.	<b>Eyes</b> (*MATCH DL/ID)	<input type="radio"/> Black <input type="radio"/> Blue <input type="radio"/> Brown <input type="radio"/> Green <input type="radio"/> Gray <input type="radio"/> Hazel <input type="radio"/> Maroon <input type="radio"/> Multicolor <input type="radio"/> Pink <input type="radio"/> Unknown
<b>Weight</b>	Lbs.	<b>Hair</b> (*MATCH DL/ID)	<input type="radio"/> Bald/Unknown <input type="radio"/> Black <input type="radio"/> Blonde/Strawberry <input type="radio"/> Brown <input type="radio"/> Gray/Partially <input type="radio"/> Red/Auburn <input type="radio"/> Sandy <input type="radio"/> White

<b>CONTACT INFORMATION</b>		
Residence Address (NO PO BOXES. MUST BE A PHYSICAL ADDRESS)		
City	State (2-LETTER CODE)	ZIP
Have you lived at this residence address for the previous 5 years and is this the only residence information for the previous 5 years (60 months)? Yes <input type="radio"/> No <input type="radio"/> *If NO, please fill out and attach Supplement CHL-78B		
Is your mailing address different from the Residence Address listed above? Yes <input type="radio"/> No <input type="radio"/> *If YES, provide mailing address in space below		
Mailing Address (IF APPLICABLE)		
City	State (2-LETTER CODE)	ZIP
Are you currently employed and do you have an employment address different from the address listed above? Yes <input type="radio"/> No <input type="radio"/> *If YES, provide employment address in space below		
Employer Name/Address		
City	State (2-LETTER CODE)	ZIP
Is this the only employment information for the previous 5 years (60 months)? Yes <input type="radio"/> No <input type="radio"/> *If NO, please fill out and attach Supplement CHL-78B		
Applicant Contact Phone Number ( )	Applicant Alternate Number (OPTIONAL) ( )	
Applicant Email (ONLY FOR CONTACT PURPOSES REGARDING THIS APPLICATION)		

<b>REPORTED HISTORY</b>	
Have you ever been <b>arrested or charged</b> with a crime? (Regardless if pending, dismissed, committed as a juvenile, was long ago OR was in another state.)	Yes <input type="radio"/> No <input type="radio"/> *If YES, please fill out and attach Supplement CHL-78C
Have you ever been <b>treated and/or admitted</b> to a facility for drug, alcohol and/or psychiatric care; OR been <b>diagnosed</b> as suffering from a psychiatric disorder or condition that causes or is likely to cause substantial impairment in judgment, mood, perception, impulse control, or intellectual ability; OR <b>pled</b> innocent by reason of insanity; OR <b>been found</b> mentally incompetent; OR had court ordered outpatient treatment?	Yes <input type="radio"/> No <input type="radio"/> *If YES, please fill out and attach Supplement CHL-78C

I verify that the information provided is true and correct, and I understand that any required fee is **non-refundable**. I also understand that this is an **official Government record** and that any missing information and/or false statement made on this document or any other supplement provided to the Department will cause a **delay** in the processing of my application and may result in **criminal prosecution**.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

